NU-ROC COMM HEALTHCARE, INC.

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3576A NU-ROC LANE

54541 Phone: (715) 674-4477 Ownershi p: Corporati on LAONA Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Number of Beds Set Up and Staffed (12/31/01): Title 18 (Medicare) Certified? 61 Yes Total Licensed Bed Capacity (12/31/01): Number of Residents on 12/31/01: 61 Title 19 (Medicaid) Certified? Yes Average Daily Census: 57 60

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01) %			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	33. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	33. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	6.7	More Than 4 Years	33. 3
Day Services	No	Mental Illness (Org./Psy)	43. 3	65 - 74	10.0		
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	33. 3		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	41. 7	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	8. 3	Full-Time Equivalen	t
Congregate Meals	No	Cancer	3. 3	ĺ	Í	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	16. 7	65 & 0ver	93. 3		
Transportati on	No	Cerebrovascul ar	20. 0			RNs	14. 2
Referral Service	No	Di abetes	0. 0	Sex	% j	LPNs	1. 7
Other Services	Yes	Respiratory	0. 0		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	16. 7	Male	20.0	Ai des, & Orderl i es	36. 0
Mentally Ill	No			Female	80.0		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care	I		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	3	100.0	278	44	91.7	95	0	0.0	0	8	88. 9	120	0	0.0	0	0	0.0	0	55	91. 7
Intermediate				4	8. 3	79	0	0.0	0	1	11. 1	118	0	0.0	0	0	0.0	0	5	8. 3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	i 0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		48	100.0		0	0.0		9	100.0		0	0.0		0	0.0		60	100. 0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services	s, and Activities as of 12	/31/01
Deaths During Reporting Period	[	'				·	
8 1 8	ľ		Total				
Percent Admissions from:		Activities of	%	Ass	istance of	% Totally	Number of
Private Home/No Home Health	6. 3	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	6. 3	Bathi ng	<b>1</b> . 7		71. 7	26. 7	60
Other Nursing Homes	4. 2	Dressing	38. 3		46. 7	15. 0	60
Acute Care Hospitals	79. 2	Transferring	45. 0		46. 7	8. 3	60
Psych. HospMR/DD Facilities	0.0	Toilet Use	40. 0		31. 7	28. 3	60
Reȟabilitation Hospitals	0.0	Eati ng	71. 7		18. 3	10. 0	60
Other Locations	4. 2	**************	******	******	*********	*********	******
Total Number of Admissions	48	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	3. 3	Recei vi ng	Respiratory Care	6. 7
Private Home/No Home Health	24. 4	0cc/Freq. Incontinent	t of Bladder	31. 7	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	4. 4	Occ/Freq. Incontinent	of Bowel	38. 3	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	4. 4				Recei vi ng	Ostomy Care	1. 7
Acute Care Hospitals	13. 3	Mobility			Recei vi ng	Tube Feeding	0. 0
Psych. HospMR/DD Facilities	2. 2	Physically Restrained	i	<b>5. 0</b>	Recei vi ng	Mechanically Altered Diets	s 26. 7
Rehabilitation Hospitals	0.0					· ·	
Other Locations	4. 4	Skin Care			Other Reside	ent Characteristics	
Deaths	46. 7	With Pressure Sores		3. 3	Have Advan	ce Directives	95. 0
Total Number of Discharges		With Rashes		8. 3	Medi cati ons		
(Including Deaths)	45	ĺ			Recei vi ng	Psychoactive Drugs	60. 0

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	Ownership: This Proprietary Facility Peer Group			Si ze: - 99		ensure: 11ed	Al I	Į.			
					Group	Peer Group		Faci l	lities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	93. 4	80. 3	1. 16	85. 1	1. 10	84. 4	1. 11	84. 6	1. 10		
Current Residents from In-County	56. 7	72. 7	0. 78	72. 2	0. 79	75. 4	0. 75	77. 0	0. 74		
Admissions from In-County, Still Residing	<b>25.</b> 0	18. 3	1. 36	20. 8	1. 20	22. 1	1. 13	20. 8	1. 20		
Admissions/Average Daily Census	84. 2	139. 0	0. 61	111. 7	0. 75	118. 1	0.71	128. 9	0. 65		
Discharges/Average Daily Census	78. 9	139. 3	0. 57	112. 2	0. 70	118. 3	0. 67	130. 0	0. 61		
Discharges To Private Residence/Average Daily Census	22.8	<b>58. 4</b>	0. 39	42. 8	0. 53	46. 1	0.49	<b>52.</b> 8	0. 43		
Residents Receiving Skilled Care	91. 7	91. 2	1. 01	91. 3	1.00	91.6	1.00	85. 3	1.07		
Residents Aged 65 and Older	93. 3	96. 0	0. 97	93. 6	1. 00	94. 2	0. 99	87. 5	1. 07		
Title 19 (Medicaid) Funded Residents	80. 0	72. 1	1. 11	67. 0	1. 19	69. 7	1. 15	68. 7	1. 16		
Private Pay Funded Residents	<b>15. 0</b>	18. 5	0.81	23. 5	0. 64	21. 2	0.71	22. 0	0. 68		
Developmentally Disabled Residents	0. 0	1. 0	0.00	0. 9	0.00	0.8	0.00	7. 6	0.00		
Mentally Ill Residents	43. 3	36. 3	1. 19	41. 0	1.06	39. 5	1. 10	33. 8	1. 28		
General Medical Service Residents	16. 7	16.8	0. 99	16. 1	1. 04	16. 2	1.03	19. 4	0. 86		
Impaired ADL (Mean)	39. 7	46. 6	0.85	48. 7	0. 81	48. 5	0. 82	49. 3	0. 81		
Psychological Problems	60. 0	47.8	1. 26	50. 2	1. 20	<b>50.</b> 0	1. 20	51. 9	1. 16		
Nursing Čare Required (Mean)	5.8	7. 1	0.82	7. 3	0.80	7. 0	0.83	7. 3	0.80		